

P22000057752

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000246406 3)))



H220002464063ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
THE GOLDEN YEARS GROUP CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 JUL 20 PM 3:27

SECTION
MERCHAL
DIVISION

2023 JUL 20 AM 1:32

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:THE Golden Years Group Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3460 SW 137 AVE
MIAMI FL 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**DANIELA MARIA Gonzalez (P)

2023 JUL 20 AM 1:32

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DANIELA MARIA Gonzalez
3460 SW 137 AVE
MIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DANIELA MARIA Gonzalez
3460 SW 137 AVE
MIAMI FL 33175

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X

Registered Agent

07/19/22
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X

Incorporator

07/19/22
Date

2023 JUL 20 AM 1:32

P22000057753

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000246448 3)))



H220002464483ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 JUL 20 PM 3:29

FLORIDA
DIVISION OF
CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARCO STYLE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 JUL 20 AM 1:32

Electronic Filing Menu

Corporate Filing Menu

Help

25

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:MARCO STYLE INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

198 NW 46TH AVE 33126MIAMI FLORIDA**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARCOS AURELIO LORA OLIVARES (P)198 NW 46TH AVE MIAMI FLORIDA 33126

2023 JUL 20 AM 1:32


ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARCOS AURELIO LORA OLIVARES198 NW 46TH AVE MIAMI-FLORIDA 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARCOS AURELIO LORA OLIVARES198 NW 46TH AVE MIAMI-FLORIDA 33126

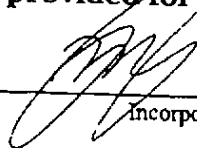
Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent _____ Date _____

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator _____ Date _____

2023 JUL 20 AM 1:32
CLERK A. J. FLE